

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION**

In re:

ERNEST L SMITH  
BARBARA A SMITH  
Debtor(s)

Case No. 10-47918

**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

John V. LaBarge, Jr., chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 07/14/2010.
- 2) The plan was confirmed on 09/22/2010.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 09/29/2011, 03/14/2013, 04/24/2014.
- 5) The case was completed on 07/24/2015.
- 6) Number of months from filing to last payment: 60.
- 7) Number of months case was pending: 63.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$2,962.00.
- 10) Amount of unsecured claims discharged without payment: \$35,100.51.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$14,335.58
Less amount refunded to debtor	\$0.00

<b>NET RECEIPTS:</b>	<b>\$14,335.58</b>
----------------------	--------------------

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$2,250.00
Court Costs	\$274.00
Trustee Expenses & Compensation	\$604.71
Other	\$0.00

<b>TOTAL EXPENSES OF ADMINISTRATION:</b>	<b>\$3,128.71</b>
--	-------------------

Attorney fees paid and disclosed by debtor:	\$750.00
---	----------

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ACTION REVENUE RECOVERY	Unsecured	0.00	256.00	256.00	15.98	0.00
ACTION REVENUE RECOVERY	Unsecured	0.00	26.00	26.00	1.00	0.00
AIMA NEUROLOGY LLC	Unsecured	572.00	NA	NA	0.00	0.00
AT&T	Unsecured	78.00	NA	NA	0.00	0.00
BETH MAHN	Secured	337.26	724.04	724.04	0.00	0.00
CHARTER COMMUNICATIONS	Unsecured	100.00	NA	NA	0.00	0.00
CONSUMER COLLECTION MGMT	Unsecured	512.00	542.50	542.50	33.85	0.00
DYCK ONEAL INC	Unsecured	6,690.00	NA	NA	0.00	0.00
ECAST SETTLEMENT CORP	Unsecured	8,908.00	8,039.89	8,039.89	501.67	0.00
ECAST SETTLEMENT CORP	Unsecured	NA	7,926.63	7,926.63	190.12	0.00
ERNST RADIOLOGY CLINIC INC	Unsecured	155.00	NA	NA	0.00	0.00
ESSE HEALTH CARE	Unsecured	205.00	NA	NA	0.00	0.00
GERBER AMBULANCE	Unsecured	385.00	NA	NA	0.00	0.00
GREEN TREE	Secured	5,000.00	0.00	7,087.37	7,087.37	0.00
GREEN TREE	Secured	178,000.00	0.00	174,881.12	0.00	0.00
MCA MANAGEMENT	Unsecured	193.00	192.77	192.77	12.03	0.00
MIDWEST EMERGENCY ASSOC	Unsecured	63.00	NA	NA	0.00	0.00
MO DEPT OF REVENUE	Secured	3,548.85	2,466.16	2,466.16	2,466.16	447.24
OSAGE DENTAL	Unsecured	915.00	914.40	914.40	57.06	0.00
PATIENTS FIRST HEALTH CARE	Unsecured	14.00	NA	NA	0.00	0.00
PETRA ANGUELININ LLC	Unsecured	406.00	NA	NA	0.00	0.00
R H LALUMONDIER & J J MARSTON	Secured	15,000.00	12,480.85	12,480.85	0.00	0.00
REHAB PHYSICIAN BILLING	Unsecured	47.00	NA	NA	0.00	0.00
SELECT EMPLOYMENT SVCS	Unsecured	711.00	710.16	710.16	44.31	0.00
SOUTH COUNTY RADIOLOGISTS	Unsecured	26.00	NA	NA	0.00	0.00
SSM MEDICAL GROUP	Unsecured	181.00	180.47	180.47	11.26	0.00
SSM ST CLARE	Unsecured	2,787.00	NA	NA	0.00	0.00
ST ANTHONYS MEDICAL CENTER	Unsecured	4,500.00	5,429.79	5,429.79	338.82	0.00
ST JOSEPH HOSPITAL	Unsecured	400.00	NA	NA	0.00	0.00
ST LOUIS EYE CLINIC	Unsecured	60.00	NA	NA	0.00	0.00
ST LOUIS MEDICAL PROFESSIONALS	Unsecured	100.00	NA	NA	0.00	0.00

<b>Summary of Disbursements to Creditors:</b>		<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>				
Mortgage Ongoing		\$174,881.12	\$0.00	\$0.00
Mortgage Arrearage		\$7,087.37	\$7,087.37	\$0.00
Debt Secured by Vehicle		\$0.00	\$0.00	\$0.00
All Other Secured		\$15,671.05	\$2,466.16	\$447.24
<b>TOTAL SECURED:</b>		<b>\$197,639.54</b>	<b>\$9,553.53</b>	<b>\$447.24</b>
<b>Priority Unsecured Payments:</b>				
Domestic Support Arrearage		\$0.00	\$0.00	\$0.00
Domestic Support Ongoing		\$0.00	\$0.00	\$0.00
All Other Priority		\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>		<b>\$24,218.61</b>	<b>\$1,206.10</b>	<b>\$0.00</b>

<b>Disbursements:</b>	
Expenses of Administration	\$3,128.71
Disbursements to Creditors	<u>\$11,206.87</u>
<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$14,335.58</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 10/07/2015

By: /s/ John V. LaBarge, Jr.

Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.